

# EARLY VOTING BALLOT TRANSPORT STATEMENT

~This form is to be completed each time the ballot box LOCK is OPENED for ballot transport~

**At Location**

**Election Type:** General Election

**Election Date:** 11/08/2022

**Name of Location:** MARICOPA COUNTY JUVENILE COURT - DB - VC# 15734

**BOX** 1 **OF** 1

**Arrival Time:** 10:08

**Were there ballots to be picked up?**



YES <If YES, complete lines 1-5



NO <If NO, complete lines 2-5

**Completed Forms picked up?**



YES



NONE

IS22005259

IS22005239

**1) Red Box Seals #** \_\_\_\_\_ **&** \_\_\_\_\_ <Indicate the seal numbers that were placed on ballot transport box

**2) Ballot Box Sealed/Checked on** (Date) 10/28/22 (Time) 10:13 <Date and time box was sealed/checked

**3) Location Staff Member** (Signature) \_\_\_\_\_

**4) Transport Staff Member** (Signature) \_\_\_\_\_

**5) Transport Staff Member** (Signature) \_\_\_\_\_

**Departure Time:** 10:13

## Transport Receipt

This portion to be completed by the Receiving Agent at the MCTEC Facility

**Receiving Agent** (Signature) \_\_\_\_\_

Sign to acknowledge receipt from Transport Staff Member

**Date/Time:** 10/28/22 4:07

Date of Audit Match

**Ballot Box Seals #** IS22005259 & IS22005239 <If applicable, verify the seal numbers on the box match the above from location

**Count of Ballots in Transport Bin #** 224

**Audit Agent** (Signature) \_\_\_\_\_

Sign to affirm seal #'s match or that no ballots were to be picked up

**Date/Time:** 10/28/22 4:08p.

Date of Audit Match

